MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1													
2							51							
3		2					52							
4							53							
5							54							
6							55							
7							56							
8							57							
9	1						58							
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44							93							
45							94							
46							95							
47							96							
48							97							
49							98							
50							99							
TOTAL IND.	2						100							
TOTAL DEP.	19						TOTAL IND.							
TOTAL CLAIMS	21						TOTAL DEP.							
							TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS